

Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re:	CASE NUMBER
Debtor.	HEARING DATE: TIME: PLACE:

MOTION FOR ORDER RELEASING UNCLAIMED FUNDS

I, under penalty of perjury under the laws of the United States of America declare (or certify, verify, or state) that the following statements and information are true and correct:

1. I request an order releasing the total amount of \$ _____ which is the sum of all monies deposited with the court on the following date(s) _____ on behalf of the creditor _____ on claim number(s) _____

2. Please check and complete the applicable subparagraph(s) below:

- ☐ a. I am the creditor named in paragraph 1.
- ☐ b. I am an employee of the creditor named in paragraph 1 and my title is _____. The creditor is still legally entitled to the monies and I am authorized by the creditor to this petition. Submit evidence establishing authority to act on behalf of creditor.
- ☐ c. I am the creditor and have appointed _____ as my lawful attorney-in-fact who is duly authorized by the attached original power of attorney to file this motion.
- ☐ d. Subparagraphs a, b, and c above do not apply, but I am entitled to payment of such monies because (submit evidence establishing basis for right to obtain payment).

(Continued on next page)

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3. Please complete each of the following subparagraphs:

- a. The following is the creditor's address and phone number:

- b. A brief history of the creditor (from the filing of the claim to the present) which includes, if applicable, identification of any sale of the company and the new and prior owner(s). Submit evidence establishing the sale of the company from the prior to the new owner(s):

4. I understand that, pursuant to 18 U.S.C. § 152, I may be fined or imprisoned, or both, if I have knowingly and fraudulently made any false statements in this document.

In re	CHAPTER _____
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(Corporate Seal

if applicable)

Creditor

Type or Print Creditor's Name

Creditor's Address

STATE OF CALIFORNIA, COUNTY OF _____

On _____ before me, personally appeared *(insert name and title of the signer)*

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires on _____

In re _____	CHAPTER _____
Debtor. _____	CASE NUMBER _____

Signature of Attorney/Attorney-in-Fact (if appointed)

Type or Print Name

 Address

STATE OF CALIFORNIA, COUNTY OF _____

On _____ before me, personally appeared *(insert name and title of the signer)*

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires on _____

Presented by:

In re	CHAPTER _____
Debtor.	CASE NUMBER

PROOF OF SERVICE

I hereby certify under penalty of perjury under the laws of the United States of America that on _____, I mailed in a sealed envelope, with postage thereon fully prepaid, a fully completed true and correct copy of the document described as "Motion for Order Releasing Unclaimed Funds" to the United States Attorney, United States Trustee, and other persons and entities required to be served by Local Bankruptcy Rule 3011-1(b) and addressed as follows:

Please insert the name and address of the trustee appointed in the case and the trustee's counsel, if any:

_____	_____
_____	_____
_____	_____

Please insert the name and address of the Debtor, Debtor in Possession, reorganized Debtor, or other fiduciary appointed to supervise the distribution of funds and assets of the estate (if not the claimant) and their counsel, if any:

_____	_____
_____	_____
_____	_____

If Movant is not the original creditor or an employee thereof, please insert the name and address of the original creditor and the creditor's counsel, if any:

_____	_____
_____	_____
_____	_____

_____	_____
Date	Signature

	Type or Print Name